**Washington University Joint Research Office for Contracts**

**RESEARCH AGREEMENT INTAKE QUESTIONNAIRE**

**PLEASE NOTE THIS IS INTENDED AS AN INTERNAL DOCUMENT TO WASHINGTON UNIVERSITY ONLY. DO NOT SEND TO OUTSIDE PARTIES FOR COMPLETION.**

**PRINCIPAL INVESTIGATOR** email

**PI Department Contact/Business Manager** email

**Secondary WU Investigators, if any:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURATION OF AGREEMENT**: 6 mos.  1 yr.  2 yrs. 3 yrs. Other

**PROJECT TITLE:**

**COLLABORATING ORGANIZATION (NOT WU):**

**Collaborator’s Technical Contact:**  **e-mail:**

**Collaborator’s Contractual Contact:** **email:**

**Funding:**

**Will either party providing funding to the other party under this agreement?**

No Funding

Collaborator will pay WU

WU will pay Collaborator

***If no funding or WU will pay Collaborator:***

**Please describe all sources of funding for this Research Project. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If department funds are supporting the internal costs please attach evidence of the Department Chair or the Department Chair’s designee’s approval

If funded by the NIH and subject to a Data Sharing Plan, please attach the applicable data sharing plan with this form.

If funded by third party funding, please attach applicable funding agreements if available.

***If funding will be transferred to either party:***

Please include or attach a budget and preferred payment schedule.

***If Collaborator is funding WU***

**Please provide RMS PD#** (contact your department grant specialist for this) \_\_\_\_\_\_\_\_\_

Note: University overhead for corporate sponsored studies is **50% (Med. School), and 55.5% (Danforth),** effective July 1, 2023. The Budget must incorporate the appropriate University overhead, any departmental overhead, and fees

**WHO DEVELOPED PROTOCOL/SOW?**

PI  Collaborator  Both PI and Collaborator  (If both, who initiated protocol?)

**PUBLICATION** — Do you plan to publish? **Yes  No**

Do you anticipate publishing jointly with Collaborator? **Yes  No**

If you do not anticipate publishing jointly, or decide not to publish jointly, do you require the right to publish first? **Yes  No**

**INTELLECTUAL PROPERTY**

Do you anticipate that you will make an independent discovery or invention related to the study you are performing, or do you expect to make an improvement to or develop a new use for the Collaborator’s product? (*if applicable)*

**Yes  No**

*<If yes>* please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any issued or pending patents, or have you ever filed an invention disclosure related in any way to the project? **Yes  No**

*<If yes>* please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Useful information includes, if known, the OTM technology number, name of the technology, funding source for the technology creation, wither the invention has been licensed or is available for licensing, and any other relevant information*

**EXPECTATIONS FOR DATA OWNERSHIP** Please describe your expectations for Data/Results Ownership and rights to use. For example, do you anticipate joint ownership, each party receiving a right to use the other’s results for research purposes only, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MATERIALS (other than biospecimens)**

Will you be receiving any proprietary materials (other than biospecimens) from the Collaborator? **Yes  No**

*If yes*, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be sending any proprietary materials (other than biospecimens) to the Collaborator? **Yes  No**

*If yes*, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will materials (other than those provided by the Collaborator be used in the performance of your research? (ex. cell lines, mouse models, software, etc) **Yes  No**

*If yes*, what is the source of these other materials (please attach any related agreements/MTAs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUMAN SUBJECTS DATA & BIOSPECIMENS** – Are you sending or receiving any individual level human subjects data (including genomic data) or biospecimens? No*;*

Yes, sending human data – Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, receiving human data – Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, sending biospecimens – Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, receiving biospecimens – Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Description should include number of samples or datasets)*

**If yes to sending biospecimens**

Is the collaborator performing any CLIA assays utilizing the biospecimens? **Yes**  **No**

If yes, will results be returned to the patient / human subject? **Yes  No**

**If Yes to sending data OR specimens**

Were any data/specimens collected or generated after November 2016 under NIH funding or are the data or specimens otherwise under a certificate of confidentiality? **Yes**  **No**

Please attach or describe any related agreements (eg. Clinical trial or material transfer agreement under which data/biospecimens were collected or received, agreements funding original collections): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any obligations or restrictions associated with the data or biospecimens that JROC should be aware of.

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IRB Number for *Collection* of data or biospecimens (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Number for *Disclosure* of data or biospecimens under this agreement (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If Yes to sending data***

What is the original source of the data? Patient Medical Records or Research Project

Will Collaborator’s use of the data include the training of an algorithm, machine learning tool, or any other AI development? Yes  No If Yes, please provide the following information: description of AI tool and any anticipated end product, development status of the AI tool, how will WU’s data contribute to the development or validation of the tool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify which, if any, identifiers of an individual, or the individual’s relatives, employers, or household members be shared. Check all that apply:

Names

Any geocodes that identify an individual household such as a street address or Post Office Box Number

Telephone numbers

Fax numbers

Electronic mail (email) addresses

Social Security numbers

Health plan beneficiary identifiers

Account numbers

Certificate/license numbers

Vehicle identifiers and serial numbers, including license plate numbers

Medical device identifiers and serial numbers

Web universal resource locators (URL)

Internet Protocol (IP) address numbers

Biometric identifiers, including finger and voice prints

Full face photographic images

Geographic subdivision smaller than a state

5 or 9 digit ZIP codes

Any elements of dates (except year), including the date of service, date of birth, date of death, etc.

Specific age over 90 years

Any other unique identifying number, characteristic, or code that could be used by the researcher to identify the individual

***If Yes to receiving data or biospecimens***

IRB Number \_\_\_\_\_\_\_\_\_\_\_

Will WU be sharing the data or biospecimens with any individuals outside of the PI’s lab? Yes No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATED RESEARCH** — Are you doing any related research for another party including another private entity or a Government agency that could conflict or overlap with this study? **Yes  No**

<*If yes*>, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER PARTICIPANTS** Will there be any students or post-docs working on this project? **Yes No**

**NON-EMPLOYEES** Will there be any Visiting Scholars or other non-employees working on this project or present in the lab during performance of the project? **Yes No**

**CONFIDENTIALITY** Do you plan on disclosing  or receiving  any confidential information?

*<if disclosing*> Please describe

**OTHER OBLIGATIONS**  Please describe any other legal obligations (e.g. other support, essential services, funding, etc.) associated with this project JROC should be aware of.

***IF COLLABORATOR IS FOR-PROFIT***

Please describe the benefit the Collaborator will derive from the collaboration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DISCLOSURE** – Do you\* or any investigator\*, participating in the study, or their spouse/partner/dependent child, have a financial interest in the Collaborator consisting of:

compensation for consulting, speaking fees, honorarium, service on advisory board,  Board of Directors, Officer, Trustee, or other fiduciary role,  External employment  External Appointment  Licensing agreement or royalty income,  Equity interests, including stock, stock options, warrants, partnership or equitable ownership interests, or  Other personal fees/compensation

If any of the above are selected, please list individual with financial interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ICOI** – To your knowledge, does this study involve utilizing a technology developed at Washington University that is currently licensed to a commercial entity? Yes  No

If yes, please answer the following: Briefly describe the technology:      ; Provide the name of the inventor(s) and their department name      ; Provide the name of the commercial entity that is party to the license agreement (if known)

***IF COLLABORATOR IS FOREIGN***

WU is required to report certain transactions with foreign entities. To assist in our efforts, please provide the monetary value (or best estimate) of any material/equipment/or other in-kind contribution received from the Collaborator. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF WORK**:

Please include or attach the statement of work. If the project is collaborative, the attachment should include a detailed description of each party’s activities. Please include any material or equipment to be exchanged. This description will be appended to the agreement.

**Please send to the JROC staff member who provided this form, or if obtained from our website, to the Contract Assistant – ResearchContracts@wusm.wustl.edu.** Please also forward any relevant email chains with the Collaborator regarding this project.